

Los Angeles,
Feb. 25, 1955

Dwight M. Bissell, M.D.
Professor of Public Health Administration,
University of North Carolina,
Chapel Hill, N.C.
Dear Dwight:

... Re housing -- this was a very ticklish problem. It is not in our domain, and I would certainly step on the toes of others, the Labor Ass'ns. the Federal Department of Labor, and also the Mexican Consuls who have jurisdiction over the proper housing, and etc. In general however I may say that housing is adequate. It is a barracks type of quarters and may house 20 to 30 in one barracks or in some camp only 2 per room as the barracks are divided into rooms. Heating and etc. are satisfactory and comparable to that in the housing of the poorer class of our people here in the United States.

Sanitation is adequate I would say in the majority of the camps. because of the mess in which hundreds of men are fed and the dangers of allowing them to get sick and thus keeping them away from work. Whenever episodes of gastroenteritis have occurred such as it did recently in San Fernando, we bring in the local Health Department to help us get to the cause of it and try to prevent a recurrence. This is a very interesting phase from the standpoint of compensation and etc. and we are at present in the midst of litigation. Also as you may surmise, it is a very costly episode to the Insurance Company or whoever is paying for it.

Regarding the protection of the community, we always advise our doctors that they must report any diseases to the local Health Departments as demanded by law, and as if the patients were private patients or citizens of the United States. By this method we hope to shift the responsibility to the local Health Departments in case anything might be a hazard to the community, and I believe this is as it should be. We have very good relations with the local Health Dep's...

We have had 4 cases of leprosy in the past year, amoebic dysenteries, amoebic abscesses, malarias, typhoids, 5 in one month, and on down the line so that you can see it is a potential hazard and I still hope that Doctor Merrill will see it my way, inasmuch as here it presents a State problem, not a Federal problem, regardless of who is primarily involved and this then secondarily becomes a problem of the State or so it would seem to me. We are still in communication and something may come out of this where we might get the help of the mobile units in some of our distress situations, and also at the border, to better screen these men who come in, from the standpoint of general physical, such as running routine Wassermanns, stools, blood pressures, temperatures, and etc.

The general problems involved in these men who are supposed to be in good health and who are of an age where not many of the degenerative diseases appear, are, U.R.I., the largest group, then gastroenteritis, and then a miscellany of more or less tropical diseases such as malarias, amoebic dysenteries, typhoid, dermatitis, and occupational diseases caused by local conditions such as asparathion, and etc...

The program that I have set up throughout the states where I operate is essentially that of an Army type program of sick-call, barracks, consultants, reports, dispensing of drugs by the doctors at the camp dispensaries, and etc. We have the additional problem of language which makes it difficult but all in all we have been very successful and very well pleased with the program...

Sincerely,
Francisco Bravo, M.D.